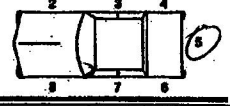
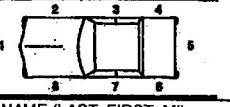
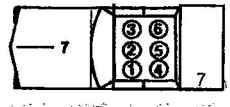



OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO. 14-7903		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3		Lebanon Police		0 8 3 0 3 0 0		ODHS USE ONLY - 00 NOT MARK ABOVE				LOCAL FILE NO 14-7903											
REPORT TAKEN	<input type="checkbox"/> AT STATION <input checked="" type="checkbox"/> AT SCENE	NO OF VEH PEDESTRIANS INVOLVED		CRASH SEVERITY (CHECK MOST SEVERE) <input type="checkbox"/> FATAL <input type="checkbox"/> INJURY <input type="checkbox"/> PROPERTY DAMAGE ONLY				COMBINED VEH/PROP LOSS	<input checked="" type="checkbox"/> OVER \$150 <input type="checkbox"/> UNDER \$150	HIT SKIP	<input type="checkbox"/> SOLVED <input type="checkbox"/> UNSOLVED												
IN COUNTY OF WARREN				IN <input checked="" type="checkbox"/> CITY LEBANON				DATE OF CRASH: DAY 5 19 MONTH 11 YEAR 1951		TIME: MILITARY													
CRASH OCCURRED ON Private Property 674 N. Broadway				WITHIN THE INTERSECTION OF																			
IF NOT IN INTERSECTION				(LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.)									CITY CODE										
_____ MILES _____ FEET				W _____ S _____ E _____ OF																			
LOC 1		LOC 2		LOC 3		LOC 4		LOC 5		LOC 6													
A UNIT NO. 1		NO OF OCCUPANTS 1		OPERATING <input checked="" type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> HIT & RUN <input type="checkbox"/> NON CONTACT <input type="checkbox"/>		INSURANCE CO OR AGENT Safe Auto																	
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) Williams, Paul Andrew				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 341 Manatee St. Middletown Ohio 45044																			
PHONE NO. 513-649-1183		BIRTH DATE 11 23 188		AGE 25		SEX M		SOCIAL SECURITY NO.		STATE OH			DRIVER'S LICENSE NO. SV 886 8TB		OCCUPATION								
OWNER (IF SAME AS DRIVER, WRITE SAME) Torres, Valerie				ADDRESS Same								PHONE Same											
VEH YR 2009		MAKE Chevrolet		MODEL Truck		COLOR Blk		STYLE Trx		STATE OH		LICENSE PLATE NO. PN2656		TOWING SERVICE		VEH/PED DIR FROM TO							
CIRCLE DAMAGE AREAS 		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input checked="" type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE													
8 UNIT NO.		NO OF OCCUPANTS		OPERATING <input type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> HIT & RUN <input type="checkbox"/> NON CONTACT <input type="checkbox"/>		INSURANCE CO. OR AGENT																	
DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI)				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)																			
PHONE NO.		BIRTHDATE		AGE		SEX		SOCIAL SECURITY NO.		STATE		DRIVER'S LICENSE NO.		OCCUPATION									
OWNER (IF SAME AS DRIVER, WRITE SAME)				ADDRESS								PHONE											
VEH YR		MAKE		MODEL		COLOR		STYLE		STATE		LICENSE PLATE NO.		TOWING SERVICE		VEH/PED DIR FROM TO							
CIRCLE DAMAGE AREAS 		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE													
C	FROM UNIT NO.	NAME (LAST, FIRST, MI)				BIRTHDATE		AGE		POSITION						INJURIES							
		ADDRESS				PHONE		SEX		A B C D E F						A B C D E F							
		ADDRESS				PHONE		SEX		A B C D E F						A B C D E F							
		ADDRESS				PHONE		SEX		A B C D E F						A B C D E F							
D	FROM UNIT NO.	NAME (LAST, FIRST, MI)				BIRTHDATE		AGE								1 FATAL 2 SERIOUS VISIBLE 3 MINOR VISIBLE 4 NO VISIBLE INJURY 5 NOT INJURED							
		ADDRESS				PHONE		SEX															
		ADDRESS				PHONE		SEX															
		ADDRESS				PHONE		SEX															
E	FROM UNIT NO.	NAME (LAST, FIRST, MI)				BIRTHDATE		AGE								1 APPARENTLY NORMAL 2 SICK 3 FATIGUED 4 APPARENTLY ASLEEP 5 PHYSICAL DEFECT 6 OTHER CONDITION 7 UNKNOWN							
		ADDRESS				PHONE		SEX															
		ADDRESS				PHONE		SEX															
		ADDRESS				PHONE		SEX															
F	FROM UNIT NO.	NAME (LAST, FIRST, MI)				BIRTHDATE		AGE		P-PEDESTRIAN						RESTRAINTS							
		ADDRESS				PHONE		SEX															
		ADDRESS				PHONE		SEX															
		ADDRESS				PHONE		SEX															
A	B	C	INJURED TAKEN TO				By		A B C D E F						ALCOHOL								
	D	E	F	INJURED TAKEN TO				By		A B C D E F						A <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO							
	A	B	C	INJURED TAKEN TO				By		A B C D E F						1 NO ALCOHOL DETECTED 2 HBD ABILITY IMPAIRED 3 HBD ABILITY NOT IMPAIRED 4 HBD ABILITY UNKNOWN							
	D	E	F	INJURED TAKEN TO				By		A B C D E F						A <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO							
A	OFFENSE CHARGED AND DESCRIPTION				OFFENSE CHARGED AND DESCRIPTION				EJECTION						DRUGS								
	A <input type="checkbox"/> ORC CITY ORD				O <input type="checkbox"/> ORC CITY ORD				A B C D E F						A TESTED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO								
	A <input type="checkbox"/> ORC CITY ORD				O <input type="checkbox"/> ORC CITY ORD				A B C D E F						A TESTED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO								
	A <input type="checkbox"/> ORC CITY ORD				O <input type="checkbox"/> ORC CITY ORD				A B C D E F						A TESTED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO								
RECEIVED CALL 1948		DISPATCHED 1951		ARRIVED 1952		CLEARED 2001		OTHER TIME 16		TOTAL MINUTES 40		1 NOT EJECTED 2 PARTIAL 3 TOTAL 4 TRAPPED INSIDE VEHICLE						1 NO DRUGS DETECTED 2 USING PRESCRIBED DRUG 3 USING ILLICIT DRUG					
DATE REPORT FILED 11 14		PHOTOS YES		OFFICER'S NAME Fry		BADGE NO. 119		CHECKED BY															